

IPRS

**Integrated Payment
and Reporting System**



834 Reporting Requirements

Version 1.3

January 2007

Deleted: August 2006

The 834 Transaction Set

The ANSI X12N 834 transaction set is used to:

- create and cross-reference clients to the Common Name Data Service (CNDS), and
- Report population group eligibility to the Integrated Payment and Reporting System (IPRS)

When you update eligibility on your unique Local Area Program system, it generates an ANSI X12N 834 Transaction Set batch file. This file is transmitted electronically to IPRS by the Local System Administrator. For instructions on updating eligibility on your Local Area Program system, contact your Local System Administrator.

The 834 transaction set is comprised of two parts: header and detail.

834 Header

The header pertains to demographic information on the client. The header also identifies which LMA is sending data and which client is being referenced. Fields include: local client ID, action code, death date, client name (first, middle initial, last, and suffix), SSN, address, county, date of birth, gender, and race.

834 Detail

The detail describes client's program eligibility information. Fields include: eligibility program code, eligibility from date, and eligibility to date.

IPRS Eligibility Reporting Requirements

A five character eligibility category code is used to report IPRS eligibility. Eligibility must be reported with both a beginning date (from) and an end date (to). Eligibility must be reassessed; Division policy does not allow open-ended eligibility.

Concurrent eligibility is allowed for some combinations of eligibility categories; concurrency is prohibited in the system for others. All eligibility adds, changes, and delete are sent using the 834 transaction set. Eligibility can **not** be updated online.

Note

Contact your Local System Administrator for instructions on how to resubmit any eligibility information not processed due to errors.

Batch Eligibility Update Considerations

When an eligibility record is submitted using an 834 transaction, there are conditions that may cause that record to be rejected with an error. This will require correction of data in the local system and a re-submission of the eligibility record in a subsequent 834 transaction. It is important to know that IPRS eligibility segments cannot be updated using any on-line process, but must be updated using only the 834 batch process. However, the CNDS person level information and cross-references can be updated using the IPRS on-line process.

A table that details the possible error messages that can be received from the submission of an 834 transaction and the action that needs to be taken to resolve the issue is included in Appendix 1 of this requirements document.

Batch Eligibility Updates

Note

If you cross-reference online first, no Suspect Duplicates will result. The system will report any disparate information found.

Add a Client Initially

If person is not located in CNDS, generate an 834 to:

- create a CNDS ID with demographics as reported on the 834
- cross reference your Local ID
- assign eligibility program code and coverage dates
- include other client data, e.g., address.

Example:

You want to add a brand new client with a beginning date of 7/01/2000 and end date of 09/30/2000. The date values on the 834 will look like the following:

```
HD*021**AK*popgp  
DTP*348*D8*20000701  
DTP*349*D8*20000930
```

Add a Cross-reference and Submit Eligibility

If the client is located in CNDS but does not have a Cross-referenced Local ID, generate an 834 to:

- cross reference your Local ID
- assign eligibility program code and coverage dates
- AND include data e.g., address

Add Eligibility

If the client is located in CNDS and has a Cross-referenced Local ID, generate an 834 to:

- assign eligibility program code and coverage dates
- AND include data e.g., address

Change Eligibility

If the client's eligibility needs to be updated, generate an 834 to:

- Extend the eligibility

or

- End eligibility

Example:

You want to extend the current eligibility segment (7/01/2000 - 9/30/2000) to (7/01/2000 - 12/31/2000). The date values on the 834 will look like the following:


```
HD*026**AK*popgp~  
DTP*348*D8*20000701~  
DTP*349*D8*20000930~  
HD*001**AK*popgp~  
DTP*348*D8*20000701~  
DTP*349*D8*20001231~
```

Batch Eligibility Updates (continued)

Delete Eligibility

If a client's eligibility needs to be deleted, generate the 834 to:

- Remove the eligibility record that was submitted in error.

Note  *The eligibility record is deleted as if it never existed.*

Example: You want to delete the current eligibility segment (7/01/2000 – 12/31/2000).
The date values on the 834 will look like the following:

```
HD*002**AK*popgp  
DTP*348*D8*20000701  
DTP*349*D8*20001231
```


834 Transaction Summary

| Loop/Segment | Comment | Example |
|--|---|--|
| TRANSMISSION HEADER | | |
| ISA Interchange Control Header | Repeat 1 time per transaction set | ISA*00* *00* *ZZ*123456789 *ZZ*DNC00 *000901*1705*!*00501*000000001*1*T*:~ |
| GS Functional Group Header | | GS*BE*123456789*DNC00*20000901*1706*0001*X*00 5010X220~ |
| ST TRANSACTION SET HEADER | Repeat for each different transaction set in the transmission. | ST*834*0001*00501X220~ |
| BGN Beginning Segment | | BGN*00*0001*20001201*111525****2~ |
| Loop 1000A Sponsor Name | | N1*P5*NCDMH*FI*56-1541747*~ |
| Loop 1000B Payer | | N1*IN*NCDMH*FI*56-1541747*~ |
| Loop 1000C TPA/Broker Name | | N1*TV*DUPLIN/SAMPSON*94*34049xx*~ |
| Loop 1000C TPA/Broker Account Information | | ACT*34049xx~ |
| MEMBER (CLIENT) LEVEL DETAIL | | |
| Loop 2000 Member (client) level | Repeat for each different client | INS*Y*18*021**A***AC~ |
| Subscriber (client) Number | | REF*0F*12345678901~ |
| Loop 2100A Member (client) Name | | NM1*IL*1*SMITH*JOHN*T**SR*34*123456789~ |
| Member Communication Number (Situational) | | PER*IP**HP*9191234567~ (If no phone omit segment) |
| Member Residence Street Address | | N3*50 ORCHARD STREET~ |
| Member Residence City State Zip Code | | N4*RALEIGH*NC*27533**CY*92~ |
| Member Demographics | | DMG*D8*19490915*F**RET:E1!:RET:R2!:RET:R5~ |
| Member Health Information | | HLH*X~ |
| Member Language | | LUI*LE*SPA~ |
| HEALTH COVERAGE (ELIGIBILITY) SITUATIONAL when adding, changing or deleting eligibility. | | |
| Loop 2300 Health Coverage (Eligibility) | Situational, for reporting new eligibility or change in eligibility. When reporting member information only, this loop is not required. If changing existing eligibility segments, need to send in a Correction loop (HD*026) and a Change loop (HD*001) | HD*021**AK*ASWOM~ |
| Eligibility Begin Date | Repeat for each eligibility for the client in Loop 2000 | DTP*348*D8*20001001~ |
| Eligibility End Date | | DTP*349*D8*20010101~ |
| TRANSACTION TRAILER | | |
| Transaction Set Trailer | Must match ST | SE*17*0001~ |
| Functional Group Trailer | Must match GT and ISA | GE*1*0001~ |

Deleted: 05/25/06

| Loop/Segment | Comment | Example |
|-----------------------------|---------|------------------|
| Interchange Control Trailer | | IEA*1*000000001~ |



Deleted: 05/25/06

834 Transaction Layout

| HIPAA FIELD | FIELD NAME | FIELD LENGTH | DATA CONTENT | COMMENT |
|--|--------------------------------------|----------------------|---|-------------------|
| INTERCHANGE CONTROL HEADER | | Occurs 1 time | | Required |
| ISA | Interchange Control Header | 3/3 | ISA | HIPAA Requirement |
| ISA01 | Authorization Information Qualifier. | 2/2 | 00 – No Authorization Info Present | HIPAA Requirement |
| ISA02 | Authorization Information | 10/10 | | HIPAA Requirement |
| ISA03 | Security Information. Qualifier | 2/2 | 00 - No Security Info Present | HIPAA Requirement |
| ISA04 | Security Information | 10/10 | | HIPAA Requirement |
| ISA05 | Interchange ID Qualifier | 2/2 | ZZ - Mutually Defined Id for Sender in ISA06 | HIPAA Requirement |
| ISA06 | Interchange Sender ID. | 15/15 | Sender ID = Number from Trading Partner Agreement | HIPAA Requirement |
| ISA07 | Interchange ID Qualifier | 2/2 | ZZ - Mutually Defined Id for Receiver in ISA08 | HIPAA Requirement |
| ISA08 | Interchange Receiver ID | 15/15 | DNC00 | HIPAA Requirement |
| ISA09 | Interchange Date | 6/6 | Date of the Interchange in YYMMDD format | HIPAA Requirement |
| ISA10 | Interchange Time | 4/4 | Time of the Interchange in HHMM format | HIPAA Requirement |
| ISA11 | Repetition Separator | 1/1 | ! - used to separate occurrences of repeating data elements | HIPAA Requirement |
| ISA12 | Interchange Control Version Number | 5/5 | 00501 - Version of above Standards | HIPAA Requirement |
| ISA13 | Interchange Control Number | 9/9 | 000000001 – Number assigned by sender. Must = the number in IEA02 | HIPAA Requirement |
| ISA14 | Acknowledgment Requested | 1/1 | 1 - Code requesting an acknowledgement record | HIPAA Requirement |
| ISA15 | Usage Indicator | 1/1 | T - Test Data P- Production Data | HIPAA Requirement |
| ISA16 | Component Element Separator | 1/1 | Delimiter used to separate component elements | HIPAA Requirement |
| Example Segment ISA*00* *00* *ZZ*123456789 *ZZ*DNC00 *000901*1705*!*00501*000000001*1*T*:~ | | | | |
| FUNCTIONAL GROUP HEADER | | Occurs 1 time | | Required |
| GS | Functional Group Header | 2/2 | GS | HIPAA Requirement |
| GS01 | Functional Id Code | 2/2 | BE - Benefit Enrollment and Maintenance (834) | HIPAA Requirement |
| GS02 | Application Senders Code | 2/15 | Same number as ISA06 - Identifies the Sender | HIPAA Requirement |
| GS03 | Application Receivers Code | 2/15 | Same number as ISA08 - Identifies the Receiver | HIPAA Requirement |
| GS04 | Date | 8/8 | CCYYMMDD - Group date | HIPAA Requirement |
| GS05 | Time | 4/8 | HHMM – Group time | HIPAA Requirement |
| GS06 | Group Control Number | 1/9 | Control number from sender | HIPAA Requirement |
| GS07 | Responsible Agency Code | 1/2 | X – Accredited Standards Committee | HIPAA Requirement |
| GS08 | Version/Release ID Code | 1/12 | 005010X220 – Version of above Standards | HIPAA Requirement |

Deleted: 05/25/06

| HIPAA FIELD | FIELD NAME | FIELD LENGTH | DATA CONTENT | COMMENT |
|--|-------------------------------------|----------------------|--|-------------------------|
| Example Segment GS*BE*123456789*DNC00*20000901*1706*0001*X*005010X220~ | | | | |
| HEADER LEVEL – Identifies the transaction type | | Occurs 1 time | | Required |
| ST - | Transaction Set Header | 2/2 | ST | HIPAA Requirement |
| ST01 - | Transaction Set ID Code | 3/3 | 834 - | HIPAA Requirement |
| ST02 - | Transaction Control Number | 4/9 | Unique number assigned to transaction set | HIPAA Requirement |
| ST03 | Implementation Convention Reference | 1/35 | 005010X220 | HIPAA Requirement |
| Example of Segment ST*834*0001*005010X220~ | | | | |
| BEGINNING SEGMENT – Identifies the beginning of the transaction set | | Occurs 1 time | | Required |
| BGN | Segment Header | 3/3 | BGN | HIPAA Requirement |
| BGN01 | Transaction Set Purpose Code | 2/2 | 00 – Original | HIPAA Requirement |
| BGN02 | Transaction Set ID Code | 1/50 | Ref from senders app. to uniquely ID the occurrence | HIPAA Requirement |
| BGN03 | Date | 8/8 | Date submitter created file in CCYYMMDD format | Required and Edited |
| BGN04 | Time | 4/8 | Time submitter created file in HHMMSS format | Required and Edited |
| BGN05 | Time Code | 0 | Not Used | |
| BGN06 | Reference ID | 0 | Not Used | |
| BGN07 | Transaction Type Code | 0 | Not Used | |
| BGN08 | Action Code | 1/2 | 2 – Change (Update) | HIPAA Requirement |
| Example of Segment BGN*00*0001*20001201*111525****2~ | | | | |
| LOOP 1000A – SPONSOR NAME –Identifies the sponsor | | Occurs 1 time | | Required |
| N1 | Segment Header | 2/2 | N1 | HIPAA Requirement |
| N101 | Entity Identifier Code | 2/3 | P5 – Plan Sponsor | HIPAA Requirement |
| N102 | Name | 1/60 | Plan Sponsor Name - NCDMH | Required and Edited |
| N103 | Identification Code Qualifier | 1/2 | FI – Federal Taxpayers Identification Number 24 – HIPAA Employer ID (When instituted) | Required and Edited |
| N104 | Identification Code | 1/10 | Code identified in N103 – Division Tax ID. | Required and Edited |
| Example of Segment N1*P5*NCDMH*FI*56-1541747~ | | | | |
| LOOP 1000B – PAYER –Identifies the payer | | Occurs 1 time | | Required |
| N1 | Segment Header | 2/2 | N1 | HIPAA Requirement |
| N101 | Entity Identifier Code | 2/3 | IN – Insurer | HIPAA Requirement |
| N102 | Name | 1/60 | Insurer name – NCDMH | Required and Edited |
| N103 | Identification Code Qualifier | 1/2 | FI – Federal Taxpayers Identification Number | Required and Edited |
| N104 | Identification Code | 2/80 | Code identified in N103 – Division Tax ID | Required and Edited |
| Example of Segment N1*IN*NCDMH*FI*56-1541747~ | | | | |
| LOOP 1000C – TPA/BROKER NAME | | Occurs 1 time | | Required by IPRS |
| N1 | Segment Header | 2/2 | N1 – Identify a party by type of organization, name, code | HIPAA Requirement |

Deleted: 05/25/06

| HIPAA FIELD | FIELD NAME | FIELD LENGTH | DATA CONTENT | COMMENT |
|--|-------------------------------|---|--|----------------------------|
| N101 | Entity Identifier Code | 2/3 | TV - Third Party Administrator (TPA) | HIPAA Requirement |
| N102 | Name | 1/60 | Free form name | HIPAA Requirement |
| N103 | Identification Code Qualifier | 1/2 | 94 – Code assigned by the organization that is the ultimate destination of the transaction set | HIPAA Requirement |
| N104 | Identification Code | 2/80 | LME Base ID | Required and Edited |
| Example of Segment N1*TV*DUPLIN/SAMPSON*94*34049xx~ | | | | |
| LOOP 1100C – TPA/BROKER ACCOUNT INFORMATION | | Occurs 1 time | | Required by IPRS |
| ACT | Segment Header | 3/3 | ACT - Specify account information | HIPAA Requirement |
| ACT01 | Account Number | 1/13 | LME Base ID | Required and Edited |
| ACT02 | Name | 0 | Not Used | |
| ACT03 | Identification Code Qualifier | 0 | Not Used | |
| ACT04 | Identification Code | 0 | Not Used | |
| ACT05 | Account No. Qualifier | 0 | Not Used | |
| ACT06 | Account Number | 0 | Not Used | |
| Example of Segment ACT*34049xx~ | | | | |
| DETAIL LEVEL | | | | |
| LOOP 2000 – MEMBER LEVEL DETAIL – Provide benefit information on insured entities | | Occurs as many times as needed | | Required |
| Member Level Detail | | Occurs 1 time per Loop 2000 occurrence | | Required |
| INS | Segment Header | 3/3 | INS | HIPAA Requirement |
| INS01 | Response Code | 1/1 | Y- insured is a subscriber | HIPAA Requirement |
| INS02 | Individual Relationship code | 2/2 | Relationship between two entities. 18-Self | HIPAA Requirement |
| INS03 | Maintenance type Code | 3/3 | Specific type of item maintenance. 001-Change 021-Addition | HIPAA Requirement |
| INS04 | Main. Reason Code | 0 | Not Used | |
| INS05 | Benefit Status Code | 1/1 | Coverage under which benefits are paid. A-Active | HIPAA Requirement |
| INS06 | Medicare Status Code | 0 | Not Used | |
| INS07 | COBRA Qualifying | 0 | Not Used | |
| INS08 | Employment Stat. Code | 2/2 | Subscriber Status AC – Active TE – Terminated | HIPAA Requirement |
| INS09 | Student Status Code | 0 | Not Used | |
| INS10 | Y/N Response Code | 0 | Not Used | |
| INS11 | DTP Format Qualifier | 2/2 | D8 | Required if INS12 supplied |
| INS12 | Date Time Period | 8/8 | Insured Individual Death Date. | Optional |

Deleted: 05/25/06

| HIPAA FIELD | FIELD NAME | FIELD LENGTH | DATA CONTENT | COMMENT |
|---|------------------------------------|---|---|-------------------------|
| Example of Segment INS*Y*18*021**A***AC~ | | | | |
| Subscriber Number – Provide a unique subscriber number | | Occurs 1 time per Loop 2000 occurrence | | Required |
| REF | Segment Header | 3/3 | REF | HIPAA Requirement |
| REF01 | Reference Identification Qualifier | 2/3 | 0F | Required and Edited |
| REF02 | Reference Identification | 1/11 | Subscriber Identifier LMAs Local Client ID number | Required and Edited |
| Example of Segment REF*0F*12345678901~ | | | | |
| LOOP 2100A – MEMBER NAME –Provides the full name of the member | | Occurs 1 time per Loop 2000 occurrence | | Required |
| Member Name | | Occurs 1 time per Loop 2100A occurrence | | Required |
| NM1 | Segment Header | 3/3 | NM1 | HIPAA Requirement |
| NM101 | Entity Identification Code | 2/3 | Code Identifying an organizational entity. IL-Insured or Subscriber | Required and Edited |
| NM102 | Entity Type Qualifier | 1/1 | 1 – Person | Required and Edited |
| NM103 | Name Last or Org. Name | 1/60 | Individual Last name | Required and Edited |
| NM104 | Name First | 1/35 | Individual First Name | Required and Edited |
| NM105 | Name Middle | 1/25 | Individual Middle Initial | Optional |
| NM106 | Name Prefix | 1/10 | Prefix to Individual Name | Optional |
| NM107 | Name Suffix | 1/10 | Suffix to Individual Name | Optional |
| NM108 | Identification Code Qualifier | 1/2 | Qualifier for the Identification Code 34-Social Security Number | Required and Edited |
| NM109 | Identification Code | 2/80 | Code Identified by NM108 | Required and Edited |
| Example of Segment NM1*IL*1**SMITH*JOHN*T**SR*34*123456789~ | | | | |
| Member Communication Number | | Occurs 1 time per Loop 2100A occurrence, used when contact information is supplied | | Situational |
| PER | Segment Header | 3/3 | PER | Edited if reported |
| PER01 | Contact Function Code | 2/2 | IP - Insured Party | Edited if reported |
| PER02 | Name | 0 | Not Used | |
| PER03 | Communication Number Qualifier | 2/2 | Identify the type of communication number HP-Home phone no. See implementation guide for other valid values | Edited if reported |
| PER04 | Communication Number | 1/256 | Complete number with country and area code when applicable | Edited if reported |
| PER05 | Communication Number Qualifier | 2/2 | Qualifier for PER06 | Optional |
| PER06 | Communication Number | 1/256 | Additional contact number | Optional |
| PER07 | Communication Number Qualifier | 2/2 | Qualifier for PER08 | Optional |
| PER08 | Communication Number | 1/256 | Additional contact number | Optional |
| Example of Segment PER*IP**HP*9191234567~ IF no phone omit this segment | | | | |
| Member Residence Street Address | | Occurs 1 time per Loop 2100A occurrence | | Required by IPRS |
| N3 | Segment Header | 2/2 | N3 | HIPAA Requirement |

Deleted: 05/25/06

| HIPAA FIELD | FIELD NAME | FIELD LENGTH | DATA CONTENT | COMMENT |
|---|---|--|--|----------------------------------|
| N301 | Address Information | 1/55 | Address | Required and Edited |
| N302 | Address Information | 1/55 | Required if a second address line exists | Optional |
| Example of Segment N3*50 ORCHARD STREET~ | | | | |
| Member Residence City State Zip Code | | Occurs 1 time per Loop 2100A occurrence | | HIPAA Requirement |
| N4 | Segment Header | 2/2 | N4 | HIPAA Requirement |
| N401 | City Name | 2/30 | City Name | Required and Edited |
| N402 | State or Province | 2/2 | State or Province Code | Required and Edited |
| N403 | Postal Code | 3/15 | Postal Code | Required and Edited |
| N404 | Country Code | 2/3 | Country Code Required only if country is not USA | Optional |
| N405 | Location Qualifier | 1/2 | CY - County Code | Required and Edited |
| N406 | Location Identifier | 1/30 | County (3 digit) Identified by N405 | Required and Edited |
| Example of Segment N4*RALEIGH*NC*27533**CY*092~ | | | | |
| Member Demographics | | Occurs 1 time per Loop 2100A occurrence | | Required by IPRS |
| DMG | Segment Header | 3/3 | DMG | HIPAA Requirement |
| DMG01 | DTP Format Qualifier | 2/3 | D8 | Required and Edited |
| DMG02 | Date Time Period | 1/35 | Date of Birth in CCYYMMDD format | Required and Edited |
| DMG03 | Gender Code | 1/1 | Code indicating the sex of the individual F-Female M-Male U-Unknown | Required and Edited |
| DMG04 | Marital Status Code | 0 | Code defining the persons marital status | Not Used |
| DMG05 | Composite Race or Ethnicity Information | | Can Occurs up to 10 times – IPRS will look at the first six. The first occurrence should report the client's ethnicity. The next 5 occurrences should report the client's race. | Required and Edited |
| DMG05-1 | Race or Ethnicity Code | 1/1 | Not reported | |
| DMG05-2 | Code List Qualifier Code | 1/3 | RET – Classification of Race or Ethnicity | Required |
| DMG05-3 | Ethnicity Code | 1/5 | See IPRS Race/Ethnicity Crosswalk for valid values | Required |
| DMG05-1 | Race or Ethnicity Code | 1/1 | Not reported | |
| DMG05-2 | Code List Qualifier Code | 1/3 | RET – Classification of Race or Ethnicity | Required |
| DMG05-3 | Race Code 1 | 1/2 | See IPRS Race/Ethnicity Crosswalk for valid values– | Required |
| DMG05-1 | Race or Ethnicity Code | 1/1 | Not reported | |
| DMG05-2 | Code List Qualifier Code | 1/3 | RET – Classification of Race or Ethnicity | Optional |
| DMG05-3 | Race Code 2 | 1/2 | See IPRS Race/Ethnicity Crosswalk for valid values | Required, if previous DMG05-2 is |

Deleted: 2

Formatted: Highlight

Formatted: Highlight

Deleted: 05/25/06

| HIPAA FIELD | FIELD NAME | FIELD LENGTH | DATA CONTENT | COMMENT |
|--|-------------------------------|--|--|---|
| | | | | supplied |
| DMG05-1 | Race or Ethnicity Code | 1/1 | Not reported | Optional |
| DMG05-2 | Code List Qualifier Code | 1/3 | RET – Classification of Race or Ethnicity | Optional |
| DMG05-3 | Race Code 3 | 1/2 | See IPRS Race/Ethnicity Crosswalk for valid values | Required, if previous DMG05-2 is supplied |
| DMG05-1 | Race or Ethnicity Code | 1/1 | Not reported | |
| DMG05-2 | Code List Qualifier Code | 1/3 | RET – Classification of Race or Ethnicity | Optional |
| DMG05-3 | Race Code 4 | 1/2 | See IPRS Race/Ethnicity Crosswalk for valid values | Required, if previous DMG05-2 is supplied |
| DMG05-1 | Race or Ethnicity Code | 1/1 | Not reported | |
| DMG05-2 | Code List Qualifier Code | 1/3 | RET – Classification of Race or Ethnicity | Optional |
| DMG05-3 | Race Code 5 | 1/2 | See IPRS Race/Ethnicity Crosswalk for valid values | Required, if previous DMG05-2 is supplied |
| DMG06 | Citizenship Code | 0 | Not Used | |
| Example of Segment DMG*D8*19490915**F**::RET:E1!:RET:R2!:RET:R5~ | | | | |
| Member Health Information | | Occurs 1 time per Loop 2100A occurrence | | Required by IPRS |
| HLH | Segment Header | 3/3 | HLH | HIPAA Requirement |
| HLH01 | Health Related Code | 1/1 | N – None S – Substance Abuse T – Tobacco Use U – Unknown X – Tobacco Use and Substance Abuse | Required and Edited |
| Example of Segment HLH*X~ | | | | |
| Member Language | | Occurs 1 time per Loop 2100A occurrence | | Required by IPRS if the language is other than English |
| LUI | Segment Header | 3/3 | LUI | HIPAA Requirement |
| LUI01 | Identification Code Qualifier | 1/2 | LE – ISO 639 Language Codes | Required and Edited |
| LUI02 | Identification Code | 2/80 | Code that corresponds to the client's preferred language See IPRS Language Crosswalk for valid values | Required and Edited |
| LUI03 | Description | 1/80 | Free-form text to indicate preferred language if it cannot be found in the list above | Optional |
| LUI04 | Use of Language indicator | 1/2 | 5 – Language Reading 6 – Language Writing 7 – Language Speaking 8 – Native Language | Required if supplied by subscriber |

Deleted: 05/25/06

| HIPAA FIELD | FIELD NAME | FIELD LENGTH | DATA CONTENT | COMMENT |
|---|---------------------------|---|--|-----------------------------------|
| Example of Segment LUI*LE*SPA~ | | | | |
| LOOP 2300 – HEALTH COVERAGE | | Occurs up to 99 times per Loop 2000 occurrence, situational, reported when eligibility information is added, changed or deleted. | | Situational |
| HD | Segment Header | 2/2 | HD | Edited if reported |
| HD01 | Maintenance Type Code | 3/3 | Specific type of item maintenance 001-Change 002-Delete 021-Addition 026 – Correction (if changing existing eligibility segments, must first submit a correction, 026, loop with the existing date ranges and follow it with a Change, 001, loop with the new date ranges) | Edited if reported |
| HD02 | Maintenance Reason Code | 2/3 | Not Used | |
| HD03 | Insurance Line Code | 2/3 | AK - Mental Health | Edited if reported |
| HD04 | Plan Coverage Description | 1/50 | Additional information to describe the type of coverage. See DMH/DD/SA Documentation | Edited if reported |
| HD05 | Coverage Level Code | 0 | Not Used | |
| Example of Segment HD*021**AK*ASGEN~ | | | | |
| Health Coverage Dates – Date maintenance was effective or the begin and end dates for the coverage | | Occurs 1 time per Loop 2300 occurrence | | Required if HD is reported |
| DTP | Segment Header | 3/3 | DTP | Edited if reported |
| DTP01 | Date/Time Qualifier | 3/3 | 348 - Benefit Begin | Edited if reported |
| DTP02 | DTP Format Qualifier | 2/2 | D8 | Edited if reported |
| DTP03 | Date Time Period | 8/8 | Date in CCYYMMDD format | Edited if reported |
| Example of Segment DTP*348*D8*20001001~ | | | | |
| Health Coverage Dates – Date maintenance was effective or the begin and end dates for the coverage | | Occurs 1 time per Loop 2300 occurrence | | Required if HD is reported |
| DTP | Segment Header | 3/3 | DTP | Edited if reported |
| DTP01 | Date/Time Qualifier | 3/3 | 349 - Benefit End | Edited if reported |
| DTP02 | DTP Format Qualifier | 2/2 | D8 | Edited if reported |
| DTP03 | Date Time Period | 8/8 | Date in CCYYMMDD format If open ended use 20991231 as a default | Edited if reported |

Deleted: 05/25/06

| HIPAA FIELD | FIELD NAME | FIELD LENGTH | DATA CONTENT | COMMENT |
|--|--------------------------------------|----------------------|--|-------------------|
| Example of Segment DTP*349*D8*20010101~ Example of changing existing eligibility HD*026**AK*AMSPM~ DTP*348*D8*20050101~ DTP*349*D8*20051231 HD*001**AK*AMSPM~ DTP*348*D8*20050101~ DTP*349*D8*20061231~ | | | | |
| TRANSACTION SET TRAILER | | Occurs 1 time | | Required |
| SE | Segment Header | 2/2 | SE | HIPAA Requirement |
| SE01 | Number of Included Segments | 1/10 | Transaction Segment Count | HIPAA Requirement |
| SE02 | Transaction Set Control Number | 4/9 | Transaction Set Control Number. SE02 must = ST02 | HIPAA Requirement |
| Example of Segment SE*17*0001~ | | | | |
| FUNCTIONAL GROUP TRAILER | | Occurs 1 time | | Required |
| GE | Interchange Control Header | 3/3 | GE | HIPAA Requirement |
| GE01 | Number of Transaction Sets | 2/2 | Number of Transaction Sets (ST - SE) | HIPAA Requirement |
| GE02 | Group Control Number | 10/10 | Must =- GS06 | HIPAA Requirement |
| Example of Segment GE*1*0001~ | | | | |
| INTERCHANGE CONTROL TRAILER | | Occurs 1 time | | Required |
| IEA | Interchange Control Header | 3/3 | IEA | HIPAA Requirement |
| IEA01 | Number of Included Functional Groups | 1/5 | Number of function groups (GS - GE) | HIPAA Requirement |
| IEA02 | Interchange Control Number | 9/9 | Must = ISA13 | HIPAA Requirement |
| Example of Segment IEA*1*000000001~ | | | | |

Deleted: 05/25/06

IPRS – Client Eligibility Error Messages

| ERROR MESSAGE | LOCATION | RESOLUTION |
|--|----------|---|
| *834 ADDRESS MISSING OR INCOMPLETE | HEADER | Required field for LMA record type not supplied. Resubmit with required field. |
| *834 CONTENTS OF MIDDLE INITIAL INVALID | HEADER | The middle initial submitted was not acceptable. Please resubmit with a valid alpha character. |
| *834 CONTENTS OF NAME SUFFIX INVALID | HEADER | The suffix submitted was not acceptable. Please resubmit with valid alpha characters. |
| *834 COUNTY NUMBER MISSING OR INVALID | HEADER | Required field for LMA record type not supplied. Refer to training manual for valid values, modify and resubmit. |
| *834 DEATH DATE SUPPLIED INVALID | HEADER | Date supplied in invalid format. Correct and resubmit. |
| *834 DOB SUPPLIED INVALID | HEADER | Date supplied in invalid format. Correct and resubmit. |
| *834 FIRST NAME MISSING | HEADER | Resubmit with required field. |
| *834 HEADER ACTION CODE INVALID | HEADER | Header action code supplied is inconsistent with valid header action codes. Refer to training manual, modify and resubmit. |
| *834 HEADER LMA NUMBER MISSING OR INVALID | HEADER | LMA number supplied must be valid in IPRS provider database. Resubmit with valid LMA number. |
| *834 LAST NAME MISSING | HEADER | Resubmit with required field. |
| *834 LMA LOCAL ID PREFIX/LMA NUMBER COMBINATION INVALID | HEADER | Refer to training manual for valid LMA record type local ID criteria, modify and resubmit. |
| *834 LOCAL ID ASSIGNED IN IPRS TO ANOTHER LMA OR RECORD TYPE | HEADER | The local ID supplied already exists on the IPRS cross-reference file, attached to a different LMA or record type. Research, modify and resubmit. |
| *834 LOCAL ID MISSING OR LESS THAN 10 CHARACTERS | HEADER | Local ID supplied must not be blank and a minimum of 10 characters in length. Resubmit with valid local ID. |
| *834 LMA NUMBER MISSING | HEADER | Resubmit with required field. |

| ERROR MESSAGE | LOCATION | RESOLUTION |
|--|----------|---|
| PREVENTS FURTHER LOCAL ID/COUNTY EDITS | | editing on the local ID and the county code. This message indicates an undefined record type has been supplied. Therefore, it cannot be assumed that these special edits should be performed. |
| *834 SEX CODE SUPPLIED INVALID | HEADER | Sex code supplied is inconsistent with valid sex codes. Refer to training manual, modify and resubmit. |
| *834 SSN SUPPLIED INVALID | HEADER | Resubmit with valid numeric SSN. |
| CNDS PERSON DATE OF BIRTH IS MISSING | HEADER | CNDS is unable to establish new person with missing date of birth. Correct and resubmit. |
| CNDS PERSON FIRST NAME IS MISSING | HEADER | Contact EDS. Internal application error. |
| CNDS PERSON LAST NAME IS MISSING | HEADER | Contact EDS. Internal application error. |
| CNDS PERSON RACE CODE IS MISSING | HEADER | CNDS is unable to establish new person with missing race code. Correct and resubmit. |
| CNDS PERSON SEX CODE IS MISSING | HEADER | CNDS is unable to establish new person with missing sex code. Correct and resubmit. |
| CNDS PERSON XREF APPLICATION SYSTEM ID IS MISSING | HEADER | Contact EDS. Internal application error. |
| CNDS PERSON XREF RECORD TYPE IS MISSING OR INVALID | HEADER | Contact EDS. Internal application error. |
| CNDS SUSPECT DUPLICATE CLIENT | HEADER | CNDS has determined a close match exists and is unable to establish new person. Research and resubmit with more refined demographic information. |

05/25/06